First 5 Calaveras REQUEST FOR PROPOSALS (RFP # 00 –003)

TABLE OF CONTENTS

Missi	on and Vision Statements	2
Scheo	dule of Events	3
I.	General Information A. Introduction B. First 5 Calaveras C. Strategic Plan Goals and Objectives D. Scope of Funding and Contract Term E. Priorities for Funding	4 5 5
II.	Proposal Process A. Mandatory Bidder's Conference. B. Cost of Developing Proposal. C. Proposal Submission Instructions. D. Authority to Verify Proposer's Information. E. Alteration / Modifications to Proposal. F. Withdrawal of Proposal by Proposer. G. Disposition and Ownership of Proposals.	7 9 9
III.	Proposer Qualifications.	10
IV.	Proposal Format	10
V.	Proposal Content A. Cover Sheet. B. Project Requirements Checklist. C. Abstract. D. Narrative 1. Problem / Need Statement. 2. Agenda Description / Capability. 3. Staff, Subcontractor, Consultant Qualifications. 4. Project Description. 5. Evaluation Plan. 6. Required Resources / Budget.	11 12 12 13 13
	7. Required Documents	

VI.	Proposal Evaluation and Award Process		
	A. Project Requirements Checklist	16	
	B. Proposal Evaluation	16	
	C. Proposer Interviews		
	D. Proposer Awards / Notification of Awards		
VII.	Appeals Process	17	
VIII.	Contract Terms.	18	
IX.	Responsibilities		
	A. Required Approvals and Reports	19	
	B. Children and Families Commission Responsibilities	20	
X.	Miscellaneous Information	20	

First 5 Calaveras

Vision Statement

All Calaveras County children will thrive in supportive, nurturing and loving environments, enter school healthy and ready to learn and become productive members of society.

Mission Statement

Support development of a comprehensive, integrated system of early childhood services that promotes, encourages and supports families in raising healthy children.

First 5 Calaveras

Request for Proposals

Tentative Schedule of Events

1.	Release RFP	March 29, 2004
2.	Mandatory Bidder's Conference	April 15, 2004
3.	Applicants Information / Technical Assistance Meeting	April 30, 2004
4.	Application Submission Deadline	May 14, 2004
5.	Notification of Funding	On or before June 4, 2004
6.	Anticipated Contract Start Date	July 1, 2004

I. GENERAL INFORMATION

A. Introduction

The Children and Families First Initiative (Proposition 10), which was passed by California voters in November 1998, imposed a fifty cents per pack state sales tax on cigarettes and other tobacco products to fund a comprehensive, integrated system of early childhood development services for California children ages 0-5 years of age. The overall intent of this initiative was to prepare all children to enter school healthy and ready to learn. Revenues generated through this tax are intended to promote, support and improve early childhood development through coordinating, supporting and / or implementing programs that focus on parent education and support, childcare and early development, and child health and wellness.

Proposition 10 focuses on early childhood development because current research indicates that the emotional, physical and intellectual environment that a child is exposed to in the early years of life has a profound impact on how the brain develops. The experience that an infant and toddler have with parents and caregivers will influence how the child functions when reaching school as well as later in life. Despite this research, most money spent on children's programs in California is directed at children older than five years of age. This proposition provides the first significant amount of money strictly focused on the critical years of a child's development.

Eighty percent of the revenues collected by this tax will be distributed to County Children and Families Commissions to fund local programs. Funds are allocated to counties based on county birth rates. The remaining twenty percent of revenues will be used by a State Commission to implement statewide strategies including broad-based education campaigns related to child development as well as to the effects of second-hand smoke. It is mandated by the legislation that all revenues must be used to expand and enhance levels of service; they cannot be used to replace current state or local county (General Fund) money for any purpose.

B. First 5 Calaveras

In order to receive Proposition 10 money, each county board of supervisor was required to enact an ordinance to establish a Children and Families Commission as well as a Children and Families Trust Fund (for the receipt and holding of monies prior to utilization and disbursal). This was done by the Calaveras County Board of Supervisors on December 14, 1998 with the passage of Ordinance No. 2566. The Board subsequently appointed seven members to the Commission. The charge of the Commission was to develop, implement and administer a local strategic plan for the support and improvement of early childhood development within the County. Through an extensive planning process, a Strategic Plan for 2000-2003 was developed and adopted by the Commission on September 15, 2000. A revised Strategic Plan will be adopted by the Commission on April 2, 2004.

C. Strategic Plan Goals and Objectives

The Strategic Plan identified two strategic goals for the next three-year period. These goals focused on the area of Direct Services as well as System Development and Integration.

Direct Services: Increase the accessibility, affordability, scope and quality of programs related to family functioning, child development and child health.

System Development and Integration: Develop and implement an integrated services system for children and families.

These strategic goals reflect the Commission's desire and understanding of the need to achieve service improvement while at the same time emphasizing the overarching necessity of developing an integrated and coordinated system of services to best meet the needs of all areas of the County. To help meet these goals, contractors selected through this Request for Proposal process will be funded to provide services addressing one or more of the five strategic Plan Objectives presented in Attachment 1. Suggested strategies, anticipated indications and outcomes are listed for each objective. Applicants are encouraged to consult and thoroughly review these objectives for ideas and direction regarding appropriate strategies and expected results for funded programs. While proposals are not limited to the strategies listed (creative approaches and solutions are encouraged), all funding determinations will be based on furthering the mission of the Commission and meeting the goals and objectives defined in the Strategic Plan.

D. Scope of Funding and Contract Term

A maximum of \$200,000 will be available under this RFP to support activities addressing five objectives from the Strategic Plan (Attachment 1). It is the intent of the Commission to divide this funding among the four focus areas (and their linked objectives) identified by Proposition 10 legislation:

Parent Education and Support

Child Care and Early Education

Health and Wellness

Service Integration and Collaboration

Community Collaboration and Integration of Services activities (objectivities 4 and 5) will be funded under the focus areas to which they most apply.

Proposals will be funded up to a maximum of \$50,000. Requests exceeding this amount will not be considered. The Commission reserves the right to modify the distribution of funds between focus areas or to award less than the total amount of available funds should the quality of proposals so dictate or should the needs identified in the Strategic Plan be insufficiently addressed.

The terms of the contracts issued as a result of the RFP will be from July 1, 2004 to June 30, 2005. This will be a twelve (12) month contract period. All timelines in the outlined proposal, as well as the budget, must reflect that period of time. It is anticipated that all future funding period will operate on a fiscal year basis.

E. Priorities for Funding

Funding will be consistent with the needs identified in the Strategic Plan. Funding priority will be given to proposed programs / services which reflect the following factors:

- Impact on one or more of the needs / objectives included in the Strategic Plan.
- Impact on one or more of the needs / objectives included in the Our Children, Our Communities Initiative.
- Coordination and integration of services with existing programs and agencies
- Collaboration with local partners and service users.
- A strong evaluation component to enable data collection and analysis of identified strategies, indicators and outcomes. Must be accountability and outcome based.
- Inclusion of a realistic plan for outreach/promotional activities to increase public awareness and utilization of services.
- The ability to leverage funds from other funding streams.
- Inclusion of a program component to help alleviate the exposure of young children to second-hand smoke.
- An inter-generational program, where possible, to draw on and promote the strengths of families.
- Cultural and linguistic diversity of the targeted communities are addressed.
- Barriers are removed for increasing access to socially and geographically isolated communities in Calaveras County.
- Build on current assets and strengths of communities.

The Commission has a special interest in funding programs that incorporate a component to implement broad dissemination of a state-provided "New Parent Kit" to all expectant parents and families of newborns (see the fourth strategy of objective number one in Attachment 1).

II. PROPOSAL PROCESS

A. Mandatory Bidder's Conference

A mandatory bidder's conference will be held on

Thursday, April 15, 2004 First 5 Calaveras Conference Room, San Andreas 1:30 – 3:30 pm

This conference will focus on assisting all applications to understand Proposition 10, the First 5 Calaveras Strategic Plan, and the requirements for funding. It will clarify the contents of the RFP. It is not intended to provide technical assistance to proposers on how to prepare their proposal packages. Such clarification may aid potential applications in deciding whether to submit proposals. Because this is the fourth funding cycle for Proposition 10 monies, it is essential that potential applicants attend the conference to obtain complete understanding of the legislation and the process. Therefore, organizations that do not have a representative at the Mandatory Bidder's Conference will not be able to apply for funding.

To ensure fairness to all entities submitting proposals, after the Bidder's Conference on April 15th, no further questions regarding the RFP will be accepted or answered.

B. Cost of Developing Proposal

The cost of developing and submitting the grant application is entirely the responsibility of the applying organization and cannot be charged to the Commission or included in the cost elements of the application budget.

C. Proposal Submission Instructions

Proposals (original and 12 copies) must be assembled together, placed in one package and mailed to:

First 5 Calaveras: RFP PO Box 209 San Andreas, CA 95249

Or hand delivered to: 16 B Main Street

San Andreas, CA Attn: Mary Pynn

Whether mailed or hand delivered to the First 5 Calaveras, **proposals must be received** by the Commission by 4:30pm, May 14, 2004, regardless of postmark date. Proposers are cautioned that the processing time of U. S. mail can add extra time to the delivery. Proposals received after the proposal submission deadline, regardless of postmark, will be returned unopened.

D. Authority to Verify Proposer's Information

All proposers agree that, in submitting a proposal, they authorize the Commission to verify any and all claimed information and to verify any reference names in their proposal.

E. Alteration / Modifications to Proposal

Proposals must be completed when submitted. No changes, modifications, corrections or additions may be made to the proposals once they are filed with the Commission. However, a proposal may be withdrawn in its entirety in accordance with withdrawal procedures in the RFP (see Section F below).

F. Withdrawal of Proposal by Proposer

A proposal may be withdrawn by submission of a written request signed by a representative of the organization. Submit and label a withdrawal request as follows:

WITHDRAWAL OF RFP First 5 Calaveras PO Box 209 San Andreas, CA 95249

G. Disposition and Ownership of Proposals

All materials submitted in response to the RFP will become the property of the Commission, and, as such, are subject to the Public Records Act (Government Code Section 6250 et seq.). The Commission shall have the right to use all ideas or adaptations of the ideas contained in any application received. Selection or rejection of a proposal will not affect this right.

All proposals and supporting materials supplied by proposals will be available for public inspection after contracts under this RFP have been awarded.

III PROPOSER QUALIFICATIONS

The following are minimum qualifications that proposers must possess by the proposal submission deadline:

A. Proposers must be a community-based organization, faith-based organization, for-profit or non-profit entity, association (including a joint venture), public or private agency, corporation, or a municipality or unit of government located in Calaveras County. Non-profit, public charity, religious and other similar organizations exempt from federal income tax under section 501(c) 3 of the Internal Revenue Code must submit proof of their non-profit status.

- B. Proposers must have experience in planning, delivering, and evaluating health, educational or social services programs that promote, support, and improve the early development of children from the prenatal stage to five years of age. Subcontractors or joint venture partners, if any, with responsibility for accomplishing portions of the project must have such experience in their respective fields.
- C. Proposers and subcontractors, if any, must have experience serving culturally and linguistically diverse communities and populations.
- D. Project staff / consultants with significant roles must have professional expertise in evaluation, or in health, education or social services, and experience working with these systems.
- E. Proposers must have the capacity to meet project timelines.
- F. Proposers must show proof of their financial solvency as evidenced by the submission of an independently audited (CPA) firm financial statement for its most recent fiscal year, unless otherwise exempt. All noted audit exceptions, if any, must be explained.

IV. PROPOSAL FORMAT

The proposal must include the following content according to the format instructions below. The proposal will be considered non-responsive if the applicant fails to follow these instructions or fails to include the required forms and materials, and will be eliminated from further consideration.

- A. The narrative portion of the proposal, excluding attachments / forms, must be **limited to 12 pages, single-spaced.** Be as succinct as possible in your writing; the quality of information and not the volume is what is important.
- B. The format should allow at least 1-inch margins at top, bottom and sides. Font size must be 12-point.
- C. All pages, excluding attachments, must be numbered sequentially. The proposal should be stapled, not bound. Do not place individual proposals in any type of cover or folder.
- D. An original plus twelve (12) copies of the proposal, complete with attachments, must be submitted.
- E. All forms and attachments that require signatures must be signed in ink for inclusion in the original of the proposal package. Signature stamps are not acceptable. The twelve additional copies do not require an original signature.

V. PROPOSAL CONTENT

Assemble and arrange each proposal set in the following order and address the required content/questions. The order in which the items are presented is important because proposal reviewers will follow this order in looking for specific areas to evaluate.

A. Cover Sheet

Complete the proposal Cover Sheet (Attachment 2). This sheet will serve as the cover of your proposal. An official, authorized to bind the entity, must sign.

B. Project Requirements Checklist

The Project Requirements Checklist (Attachment 3) must be included. The proposer must be able to answer "yes" to each question. A "no" response will cause the proposal to be non-responsive and the proposal will not be considered further.

C. Abstract

Begin the proposal with a brief (no more than one page) abstract. This summary should highlight clearly what the proposer hopes to accomplish, agency capacity, and the proposed plan of action to undertake the activities described in the RFP. Briefly describe the impact the proposed project might have on the Commission's Strategic Plan objectives.

D. Narrative (Not to exceed 12 pages, excluding required forms or attachments).

1. **Problem/Need Statement** (15 Points)

Describe the problem you intend to address, the clients targeted to be served, and document succinctly the need for the project you are proposing. Use local data where possible to support the description of service gaps, barriers, target groups, etc., and justify the need for the project.

2. Agency Description / Capability (15 points)

- a. Provide a brief history of the organization/agency that includes the date of establishment, a current organization chart, and examples of relevant prior accomplishments and current projects related to the purpose of this RFP.
- b. State how many people were served by your organization during 2003 and approximately how many of these were children age 0-5 years of age or expectant parents.
- Describe your agency's commitment to the proposed project and how the project described in this RFP fits your organization's mission and goals. For all organizations having a Board of Directors,

include in the attachments a resolution by the Board or Executive Committee showing evidence that the proposed project was discussed and approved.

- d. Provide evidence that demonstrates your agency's capability to provide the direct services you are proposing as well as to improve service integration. For example: What have been some of the tangible results that have occurred as a result of implementing prior projects involving a similar target group? To what degree has the agency participated in collaborative efforts involving multiple agencies and/or community participation?
- e. If a subcontractor/joint venture is proposed, describe the relevant experience and strengths the subcontractor offers the project.
- f. Describe how the efforts of project staff and subcontractor/consultants will be coordinated and monitored, and what internal quality controls, schedules, and budget-monitoring procedures will be employed.
- g. Briefly describe the project office facilities at the proposer's disposal to perform the work under this RFP, including office support services such as telephone systems, photocopying capacity, computer hardware and software applications, fax capability, availability of clerical support, etc.

3. Staff, Subcontractor and Consultant Qualifications (10 points)

a. Staff and Subcontractors

Identify all primary staff who will work on this project, including their expected roles, estimated percent of time, and experience they have had in planning and implementing similar projects. Identify the person who will have primary responsibility for coordinating the objectives of the RFP, and discuss the person's experience in managing similar projects. Place resumes of key project staff in the Attachments section.

b. Consultants

Identify all proposed professional consultants and their proposed role in implementing the project. Provide a description of how their qualifications and expertise are relevant to the project's functions. Place consultant resumes in the attachments section.

4. **Project Description** (40 points)

- a. Use the attached Scope of Work form (Attachment 4) to identify the Commission Strategic Plan objectives you intend to accomplish. List the activities you will undertake to accomplish the objectives; identify the intended outcomes and expected timeline. Activities that are outside of those described in the Commission's Strategic Plan but accomplish the Plan objectives may be proposed. Place the Scope of Work forms in this section of your proposal.
- b. Briefly describe the target group(s), including any unique characteristics. Identify the number of persons excepted to be reached through the project's efforts.
- c. If the project requires a planning phase (not just the usual time required for project start-up), provide a rationale for this and describe the major activities that will occur in the planning and implementation phases.
- d. Describe any outreach activities that will occur to promote the program and increase the likelihood of participation. What evidence is there that this approach will be successful for this target group?
- e. Describe how you will address the cultural/linguistic needs of the population(s) to be served.
- f. Describe specifically how you plan to serve under-served / isolated communities to reduce barriers and increase utilization of services, e.g., hours of operation, location, etc.
- g. Describe how those communities will be involved in the planning, implementation and evaluation of the project.
- h. Describe how your proposed activities will further the objective of community-based services.
- i. Describe how this project will integrate or coordinate with other childserving programs and will enhance access to families in the community being served while avoiding duplication of services.
- j. Address the area of collaboration. Identify the other organizations whose cooperation/participation is necessary to ensure the success of your project, and state what specific roles these key partners will play. Include in the attachments, a letter of commitment from any such organizations, signed by an official authorized to bind the agency.

 k. If your organization has an active community advisory committee, describe the specific role this group will play in ensuring project success.

5. Evaluation Plan (10 Points)

Complete the attached Evaluation Plan (Attachment 5) with your proposed performance and outcome indicators to show how you plan to measure the success of your project. Include the following in the narrative of the proposal:

- a. Describe the data elements you plan to collect and the plan for collecting and analyzing them.
- b. Describe the required elements of success and how you will know to what degree you have reached them.
- c. Describe who will be responsible for the data collection/analysis function, and make adequate provision for these activities in your budget request.

Those awarded contracts under this RFP will be expected to cooperate with and participate in the Commission's extensive evaluation effort required for this program. To that end, the Commission may modify your evaluation plan to meet data requirements of the Children and Families Act or of the State Commission. **Place the evaluation form in this section of your proposal.**

6. Required Resources / Budget (10 points)

a. Complete the required line item Budget Form (Attachment 6) showing the amount and purpose of requested funds, and the other resources, including in kind, available to the agency to support this project. Use the Budget Form to create a separate budget for each of your subcontractors, if any. Place the Budget Form(s) in this section of your proposal.

Consistent with the intent of the California Children and Families Act of 1998, <u>no monies from this Program may be used to supplant federal, state, county or other monies available to the agency for any purpose. Activities funded under this RFP must be new or enhancements to existing activities.</u>

b. Provide a justification for any item in the budget whose purpose may not be obvious or immediately clearly identify how the item is tied to the objectives of the proposed project, or if the amount is likely to raise questions by reviewers. Proposers should make very effort to develop budgets what are in line with common business practices and adequate to ensure the success of the project. However, proposers should be aware that the budget section of the application will be

strictly scrutinized. Budgets which cannot be justified in light of the project proposed (e.g., have figures which are over inflated, includes line-items which cannot be justified) will cause the proposers to score few or no points in this category. Such a penalty is likely to affect the overall scoring and funding potential for the application. The Commission urges applicants to apply only for those funds that are clearly needed and justified.

7. Required Documents

Create an attachment section at the end of your proposal. The following documents are to be included in this section of the proposal in the order they are listed below, as applicable:

- a. List of agency's Board of Directors with affiliations.
- b. Resolution from Board meeting or executive committee meeting approving the project and the proposal.
- c. Resumes of key staff / consultants / subcontractors.
- d. Letter of commitment from key agency partners outlining specific types and levels of commitment.
- e. Proof of non-profit status.
- f. Clinic / agency license.
- g. A copy of the agency's most recent CPA audit.

VI. PROPOSAL EVALUATION AND AWARD PROCESS

The Commission will subject each proposal to a three-stage evaluation process to determine the responsiveness of all applicants to the Commission's needs. **Proposals found to be unresponsive at any stage for any reason will be removed from further consideration.**

A. Project Requirements Checklist (Stage I)

Proposals must first pass the "Project Requirements Checklist" review (Attachment 2) in order to be eligible for further evaluation. This is a pass / fail evaluation. To pass the Checklist, the applicant must have responded affirmatively to each of the questions. Information and documentation supplied by the applicant must prove, support or substantiate any of the claims made by the applicant on the Checklist. Proposals that do not pass the Checklist review, will be considered non-responsive, and will not be eligible for further consideration.

B. Proposal Evaluation (Stage II)

Proposals that pass the Project Requirements Checklist review will be submitted for evaluation and scoring. Each proposal will be reviewed and scored based upon the

adequacy and thoroughness of the response to the Commission's needs and the RFP requirements.

Six weighted proposal evaluation criteria and their respective weights are shown below, along with the maximum number of points possible. Proposal scores may range from 0-100 points, as follows:

Category	Maximum Score
Problem/Need Statement	15 points
Agency Description/Capability	15 points
Staff, Consultant and Subcontractor Qualifications	10 points
Project Description	40 points
Evaluation Plan	10 points
Required Resources/Budget	10 points
	100 points

An evaluation committee will evaluate each of the above areas in depth and assign points according to the extent specific application evaluation criteria are met. The specific evaluation criteria that will be applied to all responsive applications are shown in Attachment 7. A proposal must attain a minimum score of 70 points to pass on to the final stage of the evaluation process for further consideration.

C. Proposer Interviews (Stage III)

Organizations whose proposals attain a score of 70 points or more of the total available 100 points will advance to the Proposer Interview stage for final evaluation through a scheduled interview. This is a pass / fail evaluation. The purpose of this stage is for the Commission to ask questions, follow up on issues identified in the proposal reviews, clarify written information presented by the proposer, and gain additional insight into the proposer's plans to deliver services as well as its capacity to do so.

D. Proposer Awards/Notification of Award

Written notification of the proposers selected for funding by the Commission will be faxed, and a hard copy mailed to all proposers. This will occur on or before June 4, 2004.

VII. APPEAL PROCESS

Proposers who have submitted a proposal and were not selected for funding may file a protest with the Children and Families Commission. Appeals must state the reasons, law, rule, regulation or practice that the applicant believes has been improperly applied in regard to the evaluation or selection process. There is no appeal process for proposals that are submitted late or are incomplete.

Appeals shall be limited to the following grounds:

- A. The Calaveras County Children and Families Commission failed to correctly apply the standards for reviewing the format requirements for evaluating the applications as specified in the RFP.
- B. The Commission failed to follow the methods for evaluating and scoring the applications as specified in the RFP.

Appeals must be received within five (5) days or faxed notification of the Application Awards.

FAXES WILL NOT BE ACCEPTED

Appeals may be mailed to: First 5 Calaveras

PO Box 209

San Andreas, CA 95249

Or hand delivered to: First 5 Calaveras

16 B Main Street

San Andreas, CA Attn: Mary Pynn

The appeal will be reviewed by the Calaveras County Children and Families Commission. The Appellant will be notified of the decision of the Commission within fifteen (15) days of the deadline for submission of an appeals letter. The Commission's decision on any protest will be final and not appealable.

VIII. CONTRACT TERMS

The successful proposers will be required to enter into a contract with the Commission that will incorporate by reference this RFP as well as the proposer's response to this RFP. The Commission assumes no responsibility or liability for costs incurred by applicants prior to the effective date of the contract and approval by the Calaveras County Children and Families Commission, whichever is later. Total liability of the Commission is limited to the terms and conditions of the contracts resulting from this procurement process and for the activities performed under the contracts.

Funds will be distributed according to the following schedule:

- 35% July 1, 2004 (contingent upon signing of a contract)
- 15% October 15, 2004 (after receipt of a quarterly report)
- 15% January 15, 2005 (after receipt of a quarterly report)
- 15% April 15, 2005 (after receipt of a quarterly report)
- 20% July 15, 2005 (after receipt of a final report)

IX RESPONSIBILITIES

A. Required Approvals and Reports

The Commission reserves the right to approve all professional consultants, senior staff and subcontractors used by the contractor in fulfilling the program/project funded under this RFP. The contractor must deliver to the Commission the following reports, tools, and materials for review and approval:

- 1. The final draft of the scope of work and budget will be used to accomplish the proposer's objectives. If revisions are required by the Commission during the contract negotiation process, they must be submitted no later than July 15, 2004.
- 2. Written, quarterly summary progress and financial reports must be submitted to the Commission on all major activities accomplished or in progress. The reports are to be postmarked no later than the 15th of the month following the end of the quarter. The final report should include a summary description of all activities performed under this RFP showing how the goals and objectives are being met.
- 3. Grantees will be required to collect data defined by the Prop 10 Evaluation Data System (PEDS) and will be required to submit reports on a webbased data reporting on a quarterly basis. In addition, quarterly narrative reports must be submitted to the First 5 office within 30 days of the end of each quarter.
- 4. Final drafts of all major educational materials, surveys, website materials and evaluation instruments that have been developed or adapted are to be submitted to the Commission for approval before final printing and distribution.
- 5. Grantees must manage and monitor projects on an ongoing basis to ensure the quality and timeliness of the work performed.

- 6. The Commission must be immediately informed (verbally and followed up with written documentation as appropriate), concerning any issues or problems that arise during the contract term.
- 7. Each grantee must participate as an active and contributing member of the Integrated Systems Collaborative.
- 8. Grantee meetings must be attended as scheduled by the Commission.
- 9. A tobacco-free environment must be maintained.
- 10. All funded agencies / programs must agree not to accept any funds from the Tobacco industry, including event sponsorships and in-kind contributions.

B. Children and Families Commission Responsibilities

- 1. Provide ongoing consultation and technical assistance to the contractor.
- 2. Review and return with comments within ten (10) working days, materials submitted for review by contractors.

X. MISCELLANEOUS INFORMATION

- **A.** Issuance of this RFP in no way constitutes a commitment by the Commission to award contracts. The Commission reserves the right to reject any or all applications received in response to this RFP, or to cancel this RFP if it is in the best interest of the Commission to do so.
- **B.** In the event a contract is entered into but later terminated, the Commission may enter into a contract for performance of any work under this RFP with other applicant entities or organizations which met the requirements of the two-stage proposal evaluation process but were not funded.
- C. As provided under the Public Contract Code governing contracts awarded by a competitive process, the Commission reserves the right, after contract award, to amend the resulting contracts as needed throughout the term of the contracts to best meet the needs of all parties.

GOAL #1: Direct Services. Increase the accessibility, affordability, scope and quality of programs related to family functioning, child development and child health.

FOCUS AREA: Parent Education and Support

OBJECTIVES	STRATEGIES	INDICATORS	OUTCOMES
#1 Increase parent access, learning	* Increase parent, provider and	* Number of parents, caregivers and	* In three years, 95% of new parents
and successful utilization of the	community awareness and	extended families participating in	will receive education and support
skills and knowledge necessary to	utilization of available resources	educational programs.	in raising healthy children.
raise healthy children from	through development of a virtual		
conception to 5 years of age.	resource directory. (Explore the	* Number of parents / families	
	possibility of placing kiosks in	receiving "New Parent Kits."	
	libraries, schools, businesses		
	throughout the county). Hard copy	* Number of families receiving	
	editions to be explored for	"Family Advocate" contact and	
	availability as well.	follow-up.	
	*6 . 1 . 1	*XI 1 6 1	
	* Support and expand training	* Number of education activities	
	programs for parents (ex. Parent	directed towards parent and	
	Leadership Academy) focusing on	community education regarding the	
	parenting skills, early childhood development, nutrition, special	importance of early childhood.	
	needs, literacy and environmental		
	and home safety.		
	and nome safety.		
	* Support the inclusion of extended		
	family, i.e. grandparents, etc., in		
	prenatal, newborn and parent		
	education classes and activities.		
	cadeation classes and activities.		
	* Customize the State Commission's		
	"New Parent Kit" with information		
	about local services and implement		
	broad dissemination to all expectant		
	parents and families of newborns.		
	* Create a networking system with		
	Mark Twain St. Joseph Hospital, out		
	of county hospitals, physicians,		

	-	
prenatal class providers and other	1	
appropriate services to identify and	1	
locate new and expectant parents.	1	
!	1	
* Develop a coordinated program of		
"Family Advocate" contact and		
follow-up, beginning prior to or	1	
within a few weeks of birth and	1	
extending through major	1	
developmental milestones. (Contacts	1	
would be more frequent for families	1	
needing additional intervention and	1	
	1	
support). Utilize a case management	1	
model in a community based site	1	
and / or through home visiting.	1	
	1	
* Create and implement a plan to	1	
educate parents and the community	1	
on the importance of early	1	
childhood development. Encourage	1	
partnerships with employers, the	1	
faith based community, community	1	
groups, etc.	1	
groups, etc.		

GOAL #1: Direct Services. Increase the accessibility, affordability, scope and quality of programs related to family functioning, child development and child health.

FOCUS AREA: Child Care and Early Education

OBJECTIVES	STRATEGIES	INDICATORS	OUTCOMES
#2 Support the enhancement and	* Together with the Calaveras Child	* Number of child care spaces in	* In three years, the availability of
expansion of accessible, affordable,	Care Council, develop partnerships	centers and licensed homes.	infant and pre-school slots in day
quality child care and early	with public agencies, private sector	WAY 1 C' C	care centers and licensed homes
education services to improve child development and ensure school	businesses and the faith based community organizations for the	* Number of infant spaces created.	will increase by 25%.
readiness.	development of child care services	* Number of auxiliary services	* In three years, the quality of child
readiness.	for infants and young children.	provided by child care centers.	care will improve through increasing the number of:
	* Support the development of	* Number of trained child care	- accredited providers by 100%
	increased availability of infant care,	providers in centers and licensed	- child care workers receiving
	sick are and after-hours care	homes.	specialized training by 75%
	(including weekends).		- auxiliary services provided by
	* F. (a. 1. 1. 1. 1. 1. 1. 1. (a. a. a. a. 1. 1. 1. a. a.	* Number of child care programs	25%
	* Establish links between child care providers and other programs /	accredited in the county.	* In three years, increase the number
	services to build the capacity of	* Number of partnerships developed	of childcare subsidies for low and
	child care programs to serve as community-based sites for integrated services.	with business and institutions to increase child care capacity.	moderate income families by 25%.
	* Support increased coordination, collaboration and integration of services between the child care community and the schools. Ex.: Working task force that includes representatives of all sectors regarding Kindergarten readiness.		
	* Develop volunteer capacity in day care centers.		
	* Improve the quality of child care services to infants and young		

children by encouraging centers and home care providers to participate in a formal accreditation process.	
* Advocate for adequate wages and benefits for childcare providers and early childhood educators.	
* Support expanded availability of training and professional development for child care providers in local communities.	
*Support the development and utilization of intergenerational programs for enrichment of older adults and young children, i.e., senior citizens rocking infants and providing a story hour.	
* Partner with the Calaveras Child Care Council, Calaveras Head Start State Preschool, Cal Works and other relevant agencies and programs to develop strategies for addressing funding to meet the needs of working parents unable to pay for child care, including those not qualifying for subsidies.	
* Promote parent and community involvement with child care.	

GOAL #1: Direct Services. Increase the accessibility, affordability, scope and quality of programs related to family functioning, child development and child health.

FOCUS AREA: Health and Wellness

OBJECTIVES	STRATEGIES	INDICATORS	OUTCOMES
#3 Increase access to and utilization	* Identify deficiencies in communities	* Number of community-based health	* After five years there will be a 50%
of health services that are essential	for the full range of children's	and dental programs expanded or	increase in the scope and provision
to ensuring healthy children 0-5.	health needs.	developed.	of locally-based, health related
			services for families, including
	* Strengthen community-based efforts	* Number of programs services	medical, dental, prenatal / parenting
	to promote the development and / or	promoting childhood safety.	classes, mental health, substance
	utilization of health services.		abuse and domestic violence.
		* Number of parents receiving pre-	
	* Support the development or	natal, newborn and parenting classes.	* After three years, the incidence of
	expansion of community-based		unintentional injuries in children
	health and dental programs to	* Number of eligible children	will decrease by 10%.
	provide prevention, education,	enrolled in Healthy Families,	* A C: 1 1 C
	screening and referral services.	MediCal, CHDP and WIC.	* After three years, the number of
	* C	* Nh of locally accessible	children under 5 years of age
	* Support the development or	* Number of locally accessible	exposed to second hand smoke will
	expansion of community-based programs to promote child safety	substance abuse prevention and intervention programs serving	decrease by 30%.
	relating to unintentional injury (car	pregnant women and parents.	
	safety, poisoning, gun safety,	pregnant women and parents.	
	drowning), second hand smoke and	* Number of locally accessible child	
	exposure to environmental hazards.	abuse and domestic violence	
	exposure to environmental nazaras.	prevention / intervention services for	
	* Promote community-based	parents and children.	
	strategies linking infant and toddler	parents and emission	
	programs, preschools, parents and	* Number of locally-based mental	
	health care programs to assure early	health services for parents and young	
	identification of illness and risk for	children.	
	injury.		
	* Support the expansion, networking		
	and coordination of pre-natal,		
	newborn and parenting classes.		

* Promote the recruitment and / or retainment of needed health specialists in Calaveras County, i.e. OB / GYN, Pediatricians, pediatric dentists.		
* Increase the number of eligible children enrolled in Healthy Families, MediCal, and other state programs to assist with the costs of Medical / Dental care.		
* Support increased local health services for young children covered by MediCal / DentiCal, Healthy Families, SHDP, CCS.		
* Encourage guidance from health care providers to parents regarding adopting healthy behaviors (including risks of second hand smoke), preventative care (including immunizations and well child care), child development, addressing behavioral or discipline issues, accidental injury prevention and appropriate use of medical services.		
* Promote the availability of counseling and other mental health services for young children.		
* Support the development or expansion of locally accessible substance abuse prevention and intervention programs for pregnant women and parents of young children age 0-5.		
	retainment of needed health specialists in Calaveras County, i.e. OB / GYN, Pediatricians, pediatric dentists. * Increase the number of eligible children enrolled in Healthy Families, MediCal, and other state programs to assist with the costs of Medical / Dental care. * Support increased local health services for young children covered by MediCal / DentiCal, Healthy Families, SHDP, CCS. * Encourage guidance from health care providers to parents regarding adopting healthy behaviors (including risks of second hand smoke), preventative care (including immunizations and well child care), child development, addressing behavioral or discipline issues, accidental injury prevention and appropriate use of medical services. * Promote the availability of counseling and other mental health services for young children. * Support the development or expansion of locally accessible substance abuse prevention and intervention programs for pregnant women and parents of young	retainment of needed health specialists in Calaveras County, i.e. OB / GYN, Pediatricians, pediatric dentists. * Increase the number of eligible children enrolled in Healthy Families, MediCal, and other state programs to assist with the costs of Medical / Dental care. * Support increased local health services for young children covered by MediCal / DentiCal, Healthy Families, SHDP, CCS. * Encourage guidance from health care providers to parents regarding adopting healthy behaviors (including risks of second hand smoke), preventative care (including immunizations and well child care), child development, addressing behavioral or discipline issues, accidental injury prevention and appropriate use of medical services. * Promote the availability of counseling and other mental health services for young children. * Support the development or expansion of locally accessible substance abuse prevention and intervention programs for pregnant women and parents of young

* Support the development and / or expansion of coordinated, locally accessible child abuse and domestic violence prevention and intervention	
services for families with children 0-	
5 years of age.	
* Promote adequate and appropriate	
nutrition.	
*Promote awareness, access to, and	
utilization of immunization services.	

GOAL #2: System Development and Integration. Develop and implement an integrated services system for children and families.

FOCUS AREA: Integration of services.

OBJECTIVES	STRATEGIES	INDICATORS	OUTCOMES
#4 Increase the capacity of each community in Calaveras County to assess, organize, develop, provide and / or expand services that are needed to ensure the healthy development of children age 0-5. * Fa "Co co res sp for ch * Er pa co rec acc de an * Pr de wh the effi	rovide training, consultation and esources for community-building entivity related to the provision of ervices to the target group. Community Cooperatives" Consisting of key service providers, community organizations and esidents to identify needs, coordinate and mobilize current esources, and plan community or support to families with young mildren, age 0-5. Concourage development of cartnerships with parents in each community to make ecommendations for more excessible and efficient service elivery and to assist in planning and service evaluation. Crovide assistance with the evelopment of grant proposals thich will assist communities in their efforts to make positive change effecting children 0-5. Cacilitate a coordinated approach etween communities, county-wide rograms and governmentally	* Number of community organizing and capacity building activities occurring. * Number of communities receiving grant-writing assistance. * Number of community-linked programs created or expanded.	* Within five years, 50% of all communities in Calaveras County will have begun community organizing and capacity-building activities as measured by local community leaders.

funded agencies to develop, implement, modify or expand to meet the needs of families with young children.	
* Support the sharing of information and expertise between communities so that those more advance in capacity building and service implementation could provide supportive guidance to those not as far along.	
* Actively support the start-up or expansion of community-focused, community-linked programs and services that have been identified through the strategic planning process as needed priorities for the target group.	

GOAL #2: System Development and Integration. Develop and implement an integrated services system for children and families.

FOCUS AREA: Integration of services.

OBJECTIVES	STRATEGIES	INDICATORS	OUTCOMES
#5 Facilitate the integration of	* Develop and provide facilitation for	* Number of service providers and	* In five years, 50% of Calaveras
services relating to early childhood	an "Integrated Systems	community representatives	County communities will have an
development into a consumer-	Collaborative" consisting of all	participating in the integrated	integrated system of locally-based
oriented and easily accessible	providers serving the target group,	Systems Collaborative.	services.
system.	all recipients of Proposition 10		
	funds and representatives from the	* Number of Memorandums of	* In five years, an information sharing
	various "Community Cooperatives."	Understanding developed between members of the Collaborative.	data management system will be developed between programs /
	* Utilize the Integrated Systems		agencies providing services to
	Collaborative as a county-wide	* Development of a plan for	families with young children.
	center point for coordinating and	information sharing and data	
	maximizing services, planning,	management systems enabling	
	training, information sharing,	integration of services.	
	networking, leveraging of funds and		
	resource development.		
	* Support the development and		
	implementation of a community		
	based, integrated service system		
	framework with multiple "single		
	points of entry" and with		
	coordinated, comprehensive services		
	that are easily accessible. Utilize the		
	Integrated Systems Collaborative as		
	the vehicle for this development.		
	* Facilitate the development of		
	Memorandum's of Understanding		
	between members of the Integrated		
	Systems Collaborative establishing		
	their commitment and roles in		
	coordinated system delivery, shared		
	information and non-duplication of		

effort.	
* Explore and support the development of an information sharing and data management system that will enable the actual integration of services. This may include such things as a universal data base, universal intake and screening form, tracking system for follow-up, ongoing evaluation of outcomes, etc.	

GOAL 1: STRONG FAMILIES

Support optimal parenting, social and emotional health, and economic self-sufficiency of families.

OBJECTIVE

Increase parent access, learning and successful utilization of the skills and knowledge necessary to raise healthy children from 0 to 5 years of age.

STRATEGIES

Family Information and Referral System

Develop and implement a manned, toll-free comprehensive information and referral system for children and family services. *Key points: Fills a service coordination gap; needs to be family friendly/relationship driven; should provide follow-up; compatible to 211; link to website and hard copy resource directory; pilot for potential extended hour availability.*

Family Support and Parenting Education

Develop and/or expand parent training and support programs focusing on parenting skills, early childhood development, nutrition, literacy, environmental, and home safety (emphasizing elimination of second hand smoke).

■ Home Visitation System

Develop a comprehensive, integrated, universally available home visiting system which will coordinate current services, serve as a key vehicle to educate and access all families to appropriate community services at the birth of a child and provide home intervention to any family requesting that service. Key point: Can serve as primary linkage for families to all other school readiness components.

Kit for New Parents

Partner with community providers to develop a distribution system to educate and support new parents. Customize with local resource directory and other community information. *Key point: Could be distributed universally through Home Visit System.*

Community Based Outreach

Create and implement a plan to educate parents and the community regarding the importance of early childhood development and the availability of community services to ensure healthy development.

Inter Agency Outreach

Create and implement meetings with local agencies who serve children 0-5 to discuss services affected by state budget cuts and explore possible avenues of cooperation in the delivery of services, advocacy, and public awareness of the issues.

RESULTS

Family Information and Referral System

- 1. F2 Parents receive increased parent support services.
- 2. Parents are knowledgeable about county family-serving resources.

Family Support and Parenting Education

- 1. F2 Parents receive increased parent support services.
- 2. Parents are knowledgeable about county family-serving resources.
- 3. Mothers and Fathers will have increased capability to be empowered, effective and positive caregivers to their young children.

Universal Home Visiting Programs

- 1. F2 Parents receive increased parent support services.
- 2. Parents are knowledgeable about county family-serving resources.

Kit for New Parents

- 1. F2 Parents receive increased parent support services.
- 2. Parents are knowledgeable about county family-serving resources.
- 3. Tied in with Universal Home Visiting Programs.
- 4. Establish an expanded referral contact with each High School and providers for pregnant teenagers.

Community Based Outreach

- 1. F3 Parents are knowledgeable about child development and practice effective parenting skills.
- 2. F11 Parents support their child's learning, healthy growth and development.

GOAL 2: CHILDREN LEARNING AND READY FOR SCHOOL

Improve the development and school readiness of young children from birth to age 5.

OBJECTIVE	Improve child development and ensure school readiness through support of
	high quality childcare and early education services.

STRATEGIES

Retention and compensation of child care workers

Provide financial stipends to qualified workers to encourage continued employment in the field (Calaveras CARES).

- Training and professional development for child care providers
 Partner with Calaveras Child Care Council to continue implementation
 of Calaveras Child Development Corps.
- Parent and community involvement with child care
 Promote public awareness and involvement in child care needs and issues through public relations campaign for Calaveras CARES.
- Child Care and Early Education Services Development Support the Calaveras Child Care Council, Child Care Resources, Calaveras County Office of Education, Motherlode Workforce Investment Board and others, in their efforts and their missions and in the development of child care and early education services, especially as related to increased availability of infant care, sick care and after hours care.

Promote collaboration between agencies and private providers to expand educational programs for the 0-5 population.

Integration of schools and child care sites with other community services

Support links between schools and child care providers and other programs/services to build the capacity of programs to serve as community-based sites for integrated services (Family Resource Centers).

School Readiness Initiative

Support and promote the expansion of the current School Readiness Center at Jenny Lind Elementary, to provide countywide components of the School Readiness Initiative.

RESULTS Retention and compensation of child care workers 1. C3 ECE / Child Care Providers have increased supports and educational opportunities. 2. C4 Children receive quality ECE / Child Care and Early Childhood **Education Programs.** Training and professional development for child care providers 1. C3 ECE / Child Care Providers have increased supports and educational opportunities. 2. C4 Children receive quality ECE / Child Care and Early Childhood Education Programs. Parent and community involvement with child care 1. C1 Parents are knowledgeable about quality ECE / Child Care and available options. **Child Care and Early Education Services Development** 1. C4 Children receive quality ECE / Child Care and Early Childhood Education Programs. 2. Expand ECE pilot programs beyond pilot sites and replicate best practices models.

- Integration of schools and child care sites with other community centers
 - 1. Parents are knowledgeable about child development and practice effective parenting skills.
 - 2. Parents support their child's learning, healthy growth and development.

GOAL 3: HEALTHY CHILDREN

Improve the overall physical and mental health of young children.

OBJECTIVE	Increase access to and utilization of services that are essential to ensuring
	healthy children age 0-5.

STRATEGIES

Dental Health Services for Children

Support the development or expansion of community based dental programs to provide prevention, education, screening and treatment and referral services for children 0-5. Increase enrollments in Healthy Families and DentiCal to assist with cost of ongoing care.

Child Safety Programs

Support development or expansion of community based programs to promote child safety related to unintentional injury, second hand smoke and exposure to environmental hazards and tie community based programs with second hand smoke programs.

- Violence Prevention Training for Families of Children 0-5
 Support the development or expansion of locally accessible child abuse and domestic violence prevention services for children 0-5 years of age and their families.
- Promotion of Adequate and Appropriate Nutrition and Activities Support the continuance of programs that promote the nutritional wellbeing of children and families by promoting obesity prevention, nutritionally adequate and safe foods, and exercise awareness.
- Medical Access and Coverage for Children
 Support advocacy for increasing access and coverage for medical care for children 0-5.

RESULTS

Dental Health Services for Children

- 1. H6 Children receive preventive and ongoing oral care.
- 2. H10 Children have healthy teeth and gums.
- 3. Support/promote continuing education for dental providers, and promote services for children 0-5.

Child Safety Programs

- 1. H12 Children are free of smoking-related illnesses.
- 2. H9 During pregnancy, women refrain from use of tobacco, drugs, and alcohol.

Violence Prevention Training for Families of Children 0-5

- 1. H13 Children are safe in their homes and their communities (safe from intentional injury).
- 2. Parents participate in parent education programs.
- 3. Support violence prevention programs and use of best practices models.

Promotion of Adequate and Appropriate Nutrition and Activities

- 1. H11 Children are healthy and well-nourished.
- 2. Parents are knowledgeable about and provide their children with healthy diets containing more fresh fruit and vegetables.

GOAL 4: SERVICE INTEGRATION AND COLLABORATION

Collaboration between community members, organizations and institutions to insure that resources are available, culturally sensitive and accessible to all families.

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OK.	HCC	ΓIVE

Facilitate the integration of services relating to early childhood development into a consumer-oriented and easily accessible system.

STRATEGIES

Our Children, Our Communities Initiative

Endorse and implement the *Ten Year Calaveras County Master Plan for Children and Families* that serves as a foundation for the development and implementation of a community-based integrated service system of services for children and families.

- Operational structure based, public-private model utilizing existing resources and incorporates youth and decision makers.
- Coordinating Council creation as a managing body.
- Provide a mechanism and process to donate funds to provide services, activities, facilities, and supports outlined in the Master Plan.
- Provide staff support and leadership to assist communities in developing centers as outlined in the Master Plan.
- Support the ATCAA collaboration to establish the MLRRA.
- Development of a 2-1-1 line within Calaveras County.
- Partner with EDC to conduct forum and plan to result in a revised general plan for Calaveras County.
- Provide marketing for the OCOC Initiative.
- Provide and plan for program evaluation.
- Provide and plan for fiscal sustainability of the OCOC Initiative.

Fiscal Sustainability Plan for Programs and Services

Develop a Fiscal Sustainability Plan for programs and services including identification of fiscal leveraging opportunities and strategies, opportunities for leveraging of funding and resource sharing, potential funding sources, decreasing duplication, etc.

FUNDING PRIORITIES

• SERVICE INTEGRATION AND COLLABORATION (Goal 4)

- Fiscal Sustainability Plan
- Our Children, Our Communities Initiative
- OCOC Coordinating Council

Justification: Commission identified as top priority in Mission Statement and Strategic Plan. Serves as foundation for all other activities.

• FAMILY INFORMATION AND REFERRAL SYSTEM (Goal 1: Strong Families)

Justification: Addresses both integration of services and the #1 barrier to obtaining care: lack of knowledge about available services; provides one of the cornerstones of school readiness; recommended as a priority by OCOC Community Needs Assessment; has potential for braiding / leveraging funds for ongoing support and sustainability.

• INTEGRATED HOME VISIT SYSTEM (Goal 1 & 3: Strong Families & Healthy Children)

Justification: Addresses both integration of services and the #1 barrier to obtaining care: lack of knowledge about available services; is an identified component of school readiness strategy; established as a priority in the Strategic Plan;' the Commission has allocated current resources to the development of this system could be partially supported by fiscal leveraging; could include intervention component to address early health care.

• CALAVERAS CARES: RETENTION INCENTIVES FOR EARLY CARE AND EDUCATION PROVIDERS (Goal 2: Children Learning and Ready for School)

Justification: Established as a priority and commitment of the Commission for two additional years. Enables fiscal leveraging. Identified component of school readiness strategy; **early literacy** component could be added.

• ELIMINATION OF SECOND HANDSMOKE IN A CHILD'S ENVIRONMENT (Goal 3: Healthy Children)

Justification: Included as a requirement component in all Commission funded programs.

PROPOSAL COVER SHEET

(Use this form for your front cover)

FIRST 5 CALAVERAS REQUEST FOR PROPOSAL

Name of Agency		
Program Contact Person		 Title
Agency Address		
Phone Number	Fax	
Amount Requested: \$		Cost Per Unit of Service: \$
Type of Proposal:Genera	alTargeted	Funding Period Requested:
necessary to raise healthy Improve child developme services. Increasing access to and	y children. ent through supputilization of senation and collaboration.	cocessful utilization of the skills and knowledge bort of high quality childcare and early education rvices that are essential to ensuring healthy children. oration between providers of services for young County.
What areas/communities of	Calaveras Cou	inty will receive services from this project?
NUMBERS SERVED: Tota proj		uplicated persons expected to be served by this
	aregivers	ParentsFoster ParentsRelatives
Signature of Agency Director	-	Signature of President of Board of Directors

PROJECT REQUIREMENTS CHECKLIST (To be completed by proposer)

AGEN	CY NAME:			
		YES	NO	N/A
1.	My organization is a community-based organization, faith-based organization, for-profit or non-profit entity, association (including a joint venture), public or private agency, corporation or municipality or other unit of government located in Calaveras County. If non-profit, public charity, religious or other similar organization exempt from federal income tax under section 501 (c) (3) of the Internal Revenue Code, I have submitted proof of this non-profit status.			
2.	My organization has the relevant experience and capability to perform the work described in this application, and certifies that adequate internal controls are in place to manage and meet all terms of the contract.			
3.	My organization has submitted proof of its financial solvency as evidenced by the most recent CPA audit and has fully explained any exceptions.			
4.	The following completed items are included in this application pac	ket:		
	 a. Proposal Cover Sheet b. Abstract c. Narrative Problem/Need Statement Agency Description/Capability Staff, Consultant and Subcontractor Qualifications Project Description Scope of Work Form(s) Evaluation Plan Evaluation Form(s) 			
	 Evaluation Form(s) Required Resources/Budget Budget Form Attachments (as applicable) List of board members with affiliations Resolution from Board or executive committee Resumes of key staff/consultants/subcontractors Letter(s) of commitment to participate by key partners Proof of non-profit status Clinic/agency license Copy of recent CPA audit 			

ATTACHMENT 5

SCOPE OF WORK

(To be completed by applicant)

STRATEGIC PLAN OBJECTIVE ADDRESSED:

Program Objectives	Major Activities	Timeline	Intended Client Outcome	Undup. Clients

ATTACHMENT 6

EVALUATION PLAN

(To be completed by applicant)

Outcome (What do you want to achieve?)	Performance Indicators (What measure will you use?)	Data Collection (What methods will you use to measure it?)

BUDGET REQUEST FORM

BUDGET PERIOD: 07/01/04 - 06/30/05

I. PERSONNEL			AMOUNT REQUESTED	MATCH*	TOTAL BUDGET
Position Title:	Salary:	%FTE:			
A.	<u>~</u>				
В.					
C.					
D.					
Benefits @ %					
		Subtotal Personnel:			
II. OPERATING EXPEN	NSES				
A. Communications/Telep	hone				
B. Office Expense					
C. Postage Expense					
D. Forms/Printing					
E. Copy Expense					
F. Small Equipment					
G. Contracts/Consultants					
H. Rent and Leases					
I. Training/Conferences					
J. Personal Mileage Reimb	oursement				
K. Travel Expense					
L. Other (Please specify)					
	Subtotal	Operating Expenses:			
III. INDIRECT @	% of Total (~oete			
(not to exceed 10%)	ou ivial (Costs			
(HOU TO CALCULA IO /0)		TOTAL BUDGET:			

 $[\]ensuremath{^{*}}$ List in this column all agency or in-kind funds available to support the project as match.

ATTACHMENT 8

BUDGET JUSTIFICATION

\$_	Cost per Unit of Service	
De	fine the cost per unit of service in your project and explain how it was determined:	
TT	NE ITEM JUSTIFICATION	
<u>1.1</u>	Personnel: List each position (including those that are match only) proposed on your Buckequest Form. State the purpose/function and explain how it will help you to meet the objectives of your project.	dget
	Personnel Purpose/Function	
11.	Operating Expenses : List the line item expenditures you are proposing in this section of Budget Request Form. Explain what these costs will cover and why they are necessary.	the
	Expense Justification	

EVALUATION CRITERIA AND SCORESHEET

	CATEGORY	POINTS ALLOWED	POINTS AWARDED
1.	Problem / Need Statement		
-	To what extent does the problem described address the Strategic Plan's priorities and needs?	10	
-	To what extent does the data support the magnitude of the problem and justify the need for the project?	5	
		15 Max.	Total
2.	Project Description		
-	To what extent does the applicant's objectives adequately match objectives of this RFP?	8	
-	To what extent are the proposed activities appropriate for carrying out the project? Is there adequate evidence that the planned approach is feasible and appropriate for targeted children and families?	8	
-	To what extent does the applicant demonstrate an ability to develop an effective and feasible series of timelines and events for implementing this project?	3	
-	To what extent are the numbers of persons to be reached feasible? Are they reasonable in relationship to the amount of the requested funds?	3	
-	To what extent are the planned outreach/promotional activities likely to increase utilization of services or participation in program events?	5	

	CATEGORY	POINTS ALLOWED	POINTS AWARDED
-	To what extent does the applicant plan to serve socially and geographically isolated communities? Are plans adequate to do so?	3	
-	To what extent has the applicant demonstrated collaboration with local partners and service users? Will communities be involved in the planning, implementation and evaluation of the project? Will current community assets and strengths be utilized?	3	
-	To what extent has the applicant demonstrated or planned for coordination and <u>integration</u> of services with existing programs and agencies?	5	
-	Is a program component present to help alleviate the exposure of children to second had smoke?	2	
		40 Max.	Total
3.	Agency Description / Capability		
-	To what extent does the applicant have the appropriate qualifications to undertake the proposed work?	2	
-	To what extent does the applicant's past accomplishments or current projects (and those of its subcontractors) relate to the type of work required under this RFP?	2	
-	To what extent does the project described in this RFP fit the applicant's mission and goals? Is there evidence of organizational commitment to this project?	3	
-	To what extent does the proposer have relevant experience working with collaboratives and serving the communities and populations described in this RFP?	3	

	CATEGORY	POINTS ALLOWED	POINTS AWARDED
-	To what extent are the proposer's management plans adequate to coordinate and monitor the project?	2	
-	To what extent do the proposer's examples of similar experiences adequately demonstrate the ability to provide deliverables in a timely manner and demonstrate the proposer's ability to manage fiscal resources properly?	2	
-	To what extent does the proposer have adequate facilities and office support services at its disposal to perform work under the RFP?	1	
		15 Max.	Total
4.	Staff, Consultant and Subcontractor Qualifications		
-	To what extent does the applicant have appropriately qualified staff to carry out the designated scope of work? If there are subcontractor(s) or consultants is there appropriate justification for their		
	qualifications/duties?	8	
-	Are resumes included for all primary staff?	2	
		10 Max.	Total
5.	Evaluation Plan		
-	To what extent has the applicant identified an evaluation strategy including achievement criteria, outcome indicators and data collection methods that correspond to and capture the objectives and major activities of the scope of work?	4	

	CATEGORY	POINTS ALLOWED	POINTS AWARDED
-	To what extent is the applicant's plan for collecting and reporting data appropriate? How is the applicant going to document that they are serving their target population?	4	
-	To what extent are the funds for these activities adequate for achieving desired objectives?	2	
		10 Max.	Total
6.	Required Resources / Budget		
-	To what extent are the requested funds appropriate to carry out the project? Is there adequate justification for all line items?	3	
-	To what extent does the funding amount requested relate appropriately to the proposed level of effort?	3	
-	To what extent are other agency resources, including in-kind, available to support the project?	1	
-	To what extent is there a potential for leveraging of funding?	2	
-	To what extent are the applicant plans for sustaining the project efforts after the contract period realistic?	1	
		10 Max.	Total